UTAH DEPARTMENT OF HEALTH

Provider Training

Presented By:

The New Choices Waiver Program Office

Division of Medicaid and Health Financing

Introductions

Who are we?

Who are you?

Purpose

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Why are we here today?

1. Training is required as part of the provider enrollment process for New Choices Waiver
2. New providers become better prepared to offer New Choices Waiver services in accordance with regulations
3. New providers have an opportunity to ask questions about the program

What are you hoping to learn in today's training session?

"Once I learn how to use Google, isn't that all the education I really need?"

1915(c) HCBS Waiver Programs

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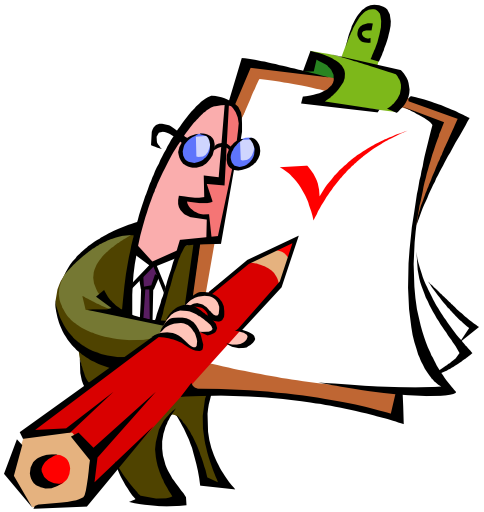
By show of hands, does anybody know what a home and community-based (HCBS) waiver program is?

Are any of you already enrolled to be providers for other waiver programs in the state?

What is a Medicaid waiver?

- In 1981, Congress passed legislation allowing states greater flexibility in providing services to people living in community settings.
- This legislation, Section 1915(c) of the Social Security Act, authorized the “waiver” of certain Medicaid statutory requirements.
- The waiving of these requirements allowed for the development of joint federal and state funded programs called Home and Community Based Services Waivers.



How does a waiver work?

- The Utah Department of Health has contracts with the federal government that allow the state to have Medicaid 1915(c) HCBS waivers.
- These contracts are called the State Implementation Plans (SIPs) and there is a separate plan for each waiver program.
- Each SIP describes in great detail how the state will operate the waiver and how it will comply with all federal regulations governing HCBS programs.

General Waiver Characteristics

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- States may develop waivers providing HCBS to a limited, targeted group of individuals (example: people living long term in nursing facilities).
- Individuals participate in a waiver only if they require the level of care provided in an institutional setting such as a nursing facility.
- The waiver must be cost neutral - HCBS must cost the same or less than institutional living.
- Services provided cannot duplicate services provided by Medicaid under the State Plan.
- States must provide assurances that necessary safeguards are taken to protect the health and welfare of the recipients of a waiver program.

Waivers are designed to:

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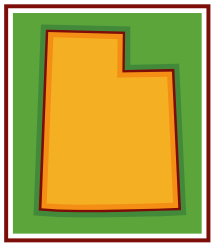
- Provide services statewide.



- Allow participants to return to or remain in their homes or other community-based settings.

- Help individuals live as independently as possible with supportive services.

- Provide person centered service delivery that promotes and supports self-determination.

WAIVER LIMITATIONS:

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- A limited number of individuals are served.
- New Choices Waiver does not have a waiting list, but most other waivers do.
- Individuals can access only those waiver services they are assessed as needing.

- Waivers are payers of last resort.
- Waivers may supplement, but cannot duplicate services provided by the Medicaid State Plan or any other payer.

Quiz

1. Are home and community-based waiver benefits available to all Medicaid recipients?

2. What is the main purpose of waiver programs?

3. Can a waiver client have a waiver service that they are not assessed to need?

4. Is New Choices Waiver limited to a certain geographical area of the state?

WHAT ARE MEDICAID STATE PLAN BENEFITS?

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- **State Plan** refers to the standard benefit package that is offered to all Medicaid recipients.
  - Things like physician services, pharmacy, hospital, emergency room, etc.
- A **Medicaid card** acts like a **key** to access State Plan services.

State Plan vs. HCBS Services

State Plan and HCBS Waiver programs are two different Medicaid programs that work together to form one complete benefit package.

Utah Medicaid HCBS Waivers

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Utah has eight waivers:

- Acquired Brain Injury Waiver
- Aging Waiver (Age 65 or older)
- Community Supports Waiver
- Medicaid Autism Waiver
- Medically Complex Children Waiver
- New Choices Waiver
- Physical Disabilities Waiver
- Technology Dependent Waiver

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New Choices Waiver

Waiver Services

- Adult Day Care
- Adult Residential Services
- Assistive Technology Devices
- Attendant Care
- Caregiver Training
- Case Management
- Chore Services
- Consumer Preparation Services
- Community Transition Services
- Emergency Response Systems
- Environmental Accessibility Adaptations
- Financial Management Services
- Habilitation Services
- Home Delivered Meals
- Homemaker Services
- Medication Assistance Services
- Non-medical Transportation
- Personal Budget Assistance
- Respite Care
- Specialized Medical Equipment
- Supportive Maintenance

Purpose

This waiver program is designed to serve people who have been residing long term in a nursing facility, assisted living facility, small health care (Type N) facility or other Utah licensed medical facility that is not an institution for mental disease (IMD). The program provides supportive services to enable individuals to live in their own homes or in other community-based settings.

Eligibility

- Applicant must be at least 18 years old;
- Applicant must satisfy Utah Medicaid financial eligibility requirements;
- Applicant must require a nursing facility level of care to meet their needs;
- Applicant's primary condition must not be attributable to mental illness;
- Applicant must not require an 'Intensive Skilled' level of care; and
- Applicant must not be eligible for admission to an intermediate care facility for people with intellectual disabilities (ICF/ID).

In addition to the above criteria, an eligible individual must be:

- Receiving Utah Medicaid reimbursed nursing facility care on an extended stay basis of 90 days or more; or
- Receiving Medicare reimbursed care in a licensed Utah medical institution (that is not an IMD), on an extended stay of at least 30 days, and will discharge to a Medicaid certified nursing facility for an extended stay of at least 60 days; or
- Receiving Medicaid reimbursed services through another one of Utah's home and community-based waiver programs and have been identified as in need of immediate or impending nursing facility care; or
- Residing in a licensed assisted living facility or a small health care (Type N) facility on an extended stay basis of 365 days or more.

Limitations to the waiver

- Serves a limited number of individuals.
- Individuals can receive only those services they are assessed to need.
- The program reserves at least 80% of available capacity for people residing in nursing facilities or other medical facilities (non-IMD).

Contact Information
Phone: 801-538-6155 (option 6) or 1-800-662-9651 (option 6)
Fax: 801-323-1586
E-mail: newchoiceswaiver@utah.gov
http://health.utah.gov/ltc/NC/NCHome.htm

Medicaid 1915(c) Home & Community Based Services Waiver Informational Fact Sheet
Utah Department of Health (UDOH) - Bureau of Authorization & Community Based Services (BACBS)

Now let's examine New Choices Waiver more closely.

This fact sheet is included with your handouts.

At-a-glace reference guide.

Eligibility

- Applicant must be at least 18 years old;
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- Applicant must not be eligible for admission to an intermediate care facility for people with intellectual disabilities (ICF/ID).

How is the New Choices Waiver unique?

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- The New Choices Waiver (NCW) is the only Utah waiver that was designed as a deinstitutionalization program.
- As such, it is only available to people who have been residing long term in a hospital, nursing facility or licensed assisted living facility (ALF).
- Even though people must live in a qualifying type of facility at the time they apply, when they enroll in New Choices Waiver they can choose to live in any home and community based setting that can safely meet their needs.

Home and community-based living options:

New Choices Waiver clients can choose to live in any home and community-based setting as long as their needs can be safely met and as long as they can afford the room and board in that setting:

- Their own home or apartment
- The home of a friend or family member
- Senior communities
- Independent living facilities
- Assisted living facilities

New Choices Waiver Services

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- Adult Day Care;
- Adult Residential Services;
- Assistive Technology Devices;
- Attendant Care;
- Caregiver Training;
- Case Management;
- Chore Services;
- Consumer Preparation Services;
- Emergency Response Systems;
- Environmental Accessibility Adaptations;
- Financial Management Services;
- Habilitation Services;
- Home Delivered Meals;
- Homemaker Services;
- Community Transition Services;
- Medication Assistance Services;
- Non-medical Transportation;
- Personal Budget Assistance;
- Respite Care;
- Specialized Medical Equipment, Supplies and Supplements; and
- Supportive Maintenance.

(Services highlighted in red are the most commonly used services in the New Choices Waiver program.)

Nursing Facility Level of Care

Every individual enrolled on the New Choices Waiver must meet the program's medical criteria at the time of enrollment AND continuously throughout enrollment.

The medical criteria is called "nursing facility level of care."

Registered nurses within waiver case management agencies are responsible to assess whether this criteria is met for each individual.

(We will not be covering the specific criteria for nursing facility level of care in this training.)

Quiz

1. True/False: When somebody enrolls in the New Choices Waiver program, they give up all of their other Medicaid benefits.

2. Do New Choices Waiver clients have the right to choose which home and community-based setting they want to reside in after they are enrolled in the program?

3. Is New Choices Waiver a deinstitutionalization program or a nursing home diversion program?

4. True/False: There is no medical criteria for enrollment in New Choices Waiver.

NCW Application Process

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The New Choices Waiver Program Office operates and performs intake for the waiver.

Applications are not available on the web at this time. To request an application, call the NCW Program Office:

801-538-6155, Option 6 or

800-662-9651, Option 6

Entry Pathways

There are 2 entry pathways for people wishing to access the New Choices Waiver program:

1. Reserved Slots – the majority of available waiver capacity is reserved for people residing in nursing facilities, hospitals and other Utah licensed medical institutions.

2. Non-reserved Slots – any remaining available waiver slots that are not reserved. These slots may be accessed by any qualifying individual, but limitations do apply.

Entry Pathways

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- Applications for the reserved slots will be accepted throughout the year, until the reserved slots fill up.
- Applications for the non-reserved slots are only accepted during three open application periods each year:

  July 1 – July 14

  November 1 – November 14

  March 1 – March 14

  - A limited number of people applying for the non-reserved slots will be enrolled during each open application period.
  - If more applications are received in an open application period than can be enrolled, applicants are ranked and selected based on length of stay in a qualifying setting.

Enrollment in NCW

Applicants who meet all NCW eligibility requirements to enroll in the waiver enroll on different timeframes, depending on where they were living at the time of application.

- Applicants from hospitals and nursing facilities enroll on the 1st of the month, following the month in which they have met all enrollment requirements
- Applicants from assisted living and Type N facilities can enroll on any day of the month, provided they have met all enrollment requirements.

Case Management Services

Every New Choices Waiver client is required to have case management services, provided by a NCW case management provider.

The case management agency (CMA) the client or their representative has selected is responsible for overall management of the client's case and has many responsibilities.

Case Management Services

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Some of these responsibilities are:

- Negotiating rental agreements with Adult Residential Services providers
- Person centered-care planning
- Issuing Services Authorization forms to NCW service providers
- Affording the client freedom of choice in choosing providers
- Receiving and responding to notifications of negative incidents involving NCW clients

Case Management Services

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Freedom of Choice Consent Form – Salt Lake County

Applicant's Name: _____ DOB: _____

This form is designed to help you (the applicant) to select a case management agency. This form should never be completed without your involvement, nor should it ever reflect a choice that you did not make of your own free will. If you experience any undue influence, please call the New Choices Waiver program office to report the incident and to notify the program office of your actual choice of case management providers. (800-662-9651, option 6)

Every New Choices Waiver applicant will need to select a case management agency. You are free to choose from the list of all case management agencies that are available in your area. If your application is selected to move to the next step in the process, a referral will be made to the case management agency that you have chosen. They will send a registered nurse and a social worker to meet with you in person. Which case management agency would you like?

- ☐ Advocates for Independence
- ☐ Canyon Home Care and Hospice
- ☐ Disabled Rights Action Committee
- ☐ Dynamic Grace Home Health
- ☐ Flex Care
- ☐ Salt Lake County Aging
- ☐ Roads to Independence
- ☐ Timpanogos Supports
- ☐ Envision Quality Supports
- ☐ Utah Case Management

Once the New Choices Waiver program office makes a referral, the case management agency will perform a review of your application materials. Case management agencies have the right to decline a new referral. If they do this, you will receive a notice in writing. Under certain circumstances you will have the option to select a different case management agency. The New Choices Waiver program office will advise you if this option is available to you.

If the case management agency decides to move forward, they have up to 14 days to perform a face-to-face assessment. The date of the assessment is important to remember because it is only valid for up to 60 days. If any of the waiver enrollment criteria (including Medicaid financial eligibility determination) remains unmet by the end of 60 days, a new assessment must be performed and waiver services cannot begin prior to the new assessment date. This cycle repeats as each 60 day window passes.

By signing below, I certify that I have read and understand the information in this form. I also certify that I made this case management agency selection of my own free will.

_____ _____

Signature Date

Who is signing? ☐ Self/Applicant ☐ Family Representative ☐ Legal Representative

Representative's Name (Print): _____

This is a sample Freedom of Choice Consent Form.

The client or their representative selects the case management agency they would like to work with as part of the application process.

Rental Agreements

The New Choices Waiver program pays for services only. Each New Choices Waiver client is responsible to pay their own rent or room and board when living in a HCBS setting.

For clients living in Adult Residential Services settings, room and board consists of the cost of the room itself, any utilities and the cost of raw food.

Each New Choices Waiver client living in an Adult Residential Services setting must have a rental agreement that specifies the amount the client is to pay for room and board costs.

Rental Agreements

CMAs know the clients' financial situations and can assist in negotiating the rental agreement between the provider and the client.

Division of Workforce Services allows shelter and utility deductions for most NCW clients.

Clients who have no income are not able to move into Adult Residential Services settings. They may have an option to move back home or into the home of a relative.

New Choices Waiver
Residential Room and Board Agreement

New Client ____ Re-enroll ____
Annual ____ Update ____

Name:_____ Medicaid #: _____ DOB: _____

Type of residence: Assisted Living Facility ____ Independent Living Facility ____
Alzheimer's/Secure Unit ____ Own Home/Apartment ____

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

I, (*resident name*), agree to pay ($) per month for room and board at this facility. I understand that there may be a more detailed contract with the facility / landlord and I will be subject to the terms of that agreement.

The rate is broken down into the following components:

Room Rate	_____	Food Costs	_____
Electricity	_____	Gas	_____
Water	_____	Telephone	_____

DWS allows a deduction for shelter costs ("Room" amount on this agreement) and a utility allowance, if part of the rate is being paid toward heating/cooling costs.

This rate is effective (*insert date*) pending my approval for the New Choices Program.

_____ _____
Resident Name Facility Representative

_____ _____
Signature of Resident or Responsible Party Facility Signature

_____ _____
Name of Responsible Party Title / Position

_____
Relationship to Resident

Emergency Contact Information:

Name: _____ Relationship to Resident: _____

Phone: _____

Case Management Agency (CMA) Information:

CMA Name: _____ CMA Phone: _____

CMA Address: _____

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This is the Room and Board Agreement template that NCW CMAs will use. It must be completed even if you have a separate facility lease agreement.

Be prepared to break down the total monthly rate into room rate, utilities and food costs to maximize potential deductions for NCW clients.

Person Centered-Care Plans

When the enrollment process is underway, it is the CMA's responsibility to work with the client to develop a person-centered care plan.

The care planning process is driven by the client and the expectation for the waiver program is that the process will support the client's personal preferences, strengths and goals, while addressing the needs the CMA identified in their assessment of the client.

Person Centered-Care Plans

Identified needs should be addressed through the following means:

Natural supports or private resources the client has in place:

- This is always the first choice for services that can be appropriately provided through this method, such as transportation or assistance with finances.

Medicaid State Plan benefits, Medicare or other payer source:

- This is the second choice, and typically the provider for services such as home health, specialized medical equipment and supplies and pharmacy.

New Choices Waiver Services:

- NCW is the payer of last resort, if no other paid or unpaid source is available to provide the service, e.g. Adult Residential Services.

Medicaid State Plan Benefits and Accountable Care Organizations

Accountable care organizations (ACOs) are health plans contracted by Medicaid to provide state plan medical services to Medicaid members in many counties. NCW clients in these counties must choose a health plan and must receive medical services from a provider enrolled in that ACO's network.

NCW clients living in areas without ACOs may use any Utah Medicaid provider for medical services.

Freedom of Choice

Freedom of Choice is central to the NCW program, and clients are afforded freedom of choice in every aspect of their care and the services they have been assessed to need.

NCW clients have the freedom to choose from all willing available waiver providers for each service their case manager has assessed them to need.

It is the role of the chosen case management agency to provide Freedom of Choice of Providers Forms to their clients.

Freedom of Choice

Once you are enrolled as a NCW provider, the name of your business will be added to the Freedom of Choice forms for each service you are enrolled to offer.

Adult Residential Services providers are not permitted to require clients to work with particular CMAs, home health or other provider agencies.

If you suspect a client's CMA or provider choice is being manipulated, report it to the New Choices Waiver Program Office immediately.

Freedom of Choice of Providers

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New Choices Waiver
Freedom of Choice of Providers
Salt Lake County

Adult Day Care Services

- Alta Ridge Alz. 523-0384
- Alta Ridge Assisted Living
- Alta Ridge South Jordan
- Assisted Living of Draper LV1
- Beehive Home of West Jordan
- Beehive Homes at East Millcreek
- Beehive Homes of Herriman LV2 - Memory Care
- Beehive Homes of West Jordan #2 LV1
- Beehive Homes of West Jordan #3 LV2
- Caregivers Plus
- Christus St Josephs
- Columbus Community Center
- Country Lane of Central Sandy LV2
- Country Lane of East Sandy LV1
- Country Lane of West Sandy LV1
- Elderly Manor
- Neighborhood House
- Niitsuma Living Center
- Oquirrh Meadows
- Sal of Oquirrh Meadows LV2 (Traditions)
- Senior Care of Utah
- The Coventry LV2
- The Wentworth @ East Millcreek LV2

Adult Residential Services

- 5-Star Home of Sandy LV1
- Alta Ridge - South Jordan LV 2
- Alta Ridge Alzheimers LV2
- Alta Ridge Assisted Living LV2
- Assisted Living of Draper LV1
- Atria Assisted Living LV2
- Atria Independent Living
- Beehive Homes at East Millcreek
- Beehive Homes of Draper LV2
- Beehive Homes of Herriman LV2 - Memory Care
- Beehive Homes of West Jordan # 1 LV1
- Beehive Homes of West Jordan # 2 LV1
- Beehive Homes of West Jordan #3 LV2
- Beehive Homes of West Salt Lake LV1
- Brighton Gardens LV2
- Brighton House of Riverton LV2
- Brighton House South Jordan LV1
- Canyon Creek Residential LV2
- Carrington Court LV2 Memory Care
- Chateau Brickyard Independent Living
- Christus St Josephs LV1
- Columbus Community - Supervised
- Cottonwood Creek LV1
- Country Lane of Central Sandy LV2
- Country Lane of East Sandy LV1
- Country Lane of West Sandy LVI
- Danville Residential (Residential Support)
- Elderly Manor LV1
- Emeritus of Salt Lake City. LV2
- Evergreen Residential LV 1
- Golden Living Center LV1
- Hennefer's Home for the ElderlyLV1
- Highland Cove - Independent Living
- Highland Cove Retirement LV1
- Holladay Home for the Elderly LV1
- Home Made Comfort (Certified)
- Legacy House AL South Jordan LV2
- Legacy House AL Taylorsville LV2

Adult Residential Services

- Our House of West Sandy LV1
- Pheasant Hollow (Supported Residential)
- Ririe House Midvale - males
- Ririe House West Valley - females
- Sarah Daft Home LV 1
- STARS (Supported Residential)
- Stratford Special Care Community LV2
- Superior Assisted Living - Bell Canyon LV1
- Superior Assisted Living - Sandy LV1
- The Avenues Courtyard LV2
- The Coventry I.L.
- The Lodge at Jordan River LV2
- Wellington Senior Residence LV2
- Wentworth at Cottonwood Heights LV2
- Wentworth at Draper LV2
- Wentworth at East Millcreek LV2
- Wentworth at Willow Creek LV2

Assistive Technology Devices

- ActivStyle Inc.
- Alpine Home Medical Equipment
- Kal Medical Supplies Inc
- MedSource
- MedWay Medical
- Roads to Independence
- Salt Lake County Aging

Attendant Care Services

- A - Plus Home Care
- A Caring Hand Home Care
- Access Home Care
- Active Transportation
- All Seasons Transportation
- Always Best Care (Lizzy Enterprises)
- Aspire Home Health & Hospice
- Beehive Home Care
- Care Minders Home Care
- Care To Stay Home
- Care-A-Lot Homecare
- Caregiver Plus
- City Transportation
- Emerald Home Health Care
- Evergreen Transportation
- Golden Age Transportation
- Grandee Village

Freedom of Choice of Providers Forms are organized by county and by service.

Each form contains a complete list of all NCW services and the providers enrolled to provide each service in that county. (Actual Freedom of Choice of Providers forms are several pages long).

Person-Centered Care Plans

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When all of the service providers and supports have been identified and selected, the CMA will add them to the client's person-centered care plan. The care plan is the official document that authorizes all waiver services. It includes:

- A beginning and ending date for the entire care plan
- A beginning and ending date for each service
- The names of each agency providing services
- The number of units requested for each service
- The frequency for each service

Person Centered-Care Plans

CMAs will then authorize New Choices Waiver services the client has been assessed to need, with a service authorization form for each individual NCW provider listed on the care plan.

Let's take a break!

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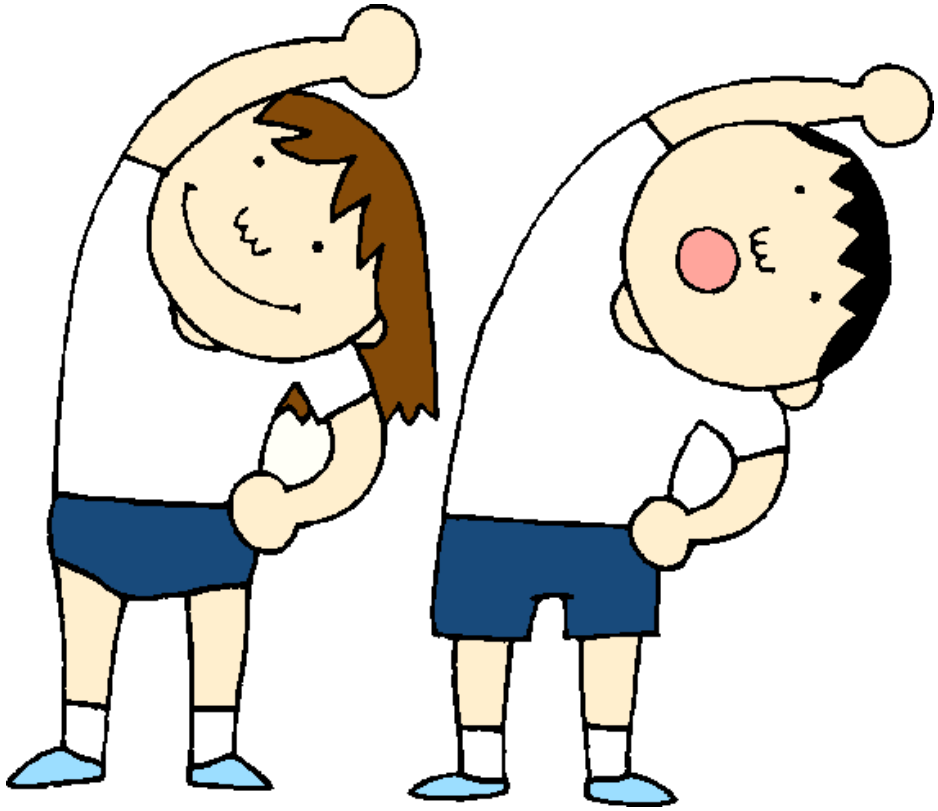

Service Authorization Forms

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It is important to remember that New Choices Waiver services cannot be provided or billed unless they have been authorized through the care planning process.

DO NOT PROVIDE SERVICES TO A NEW CHOICES WAIVER CLIENT UNTIL YOU HAVE A SIGNED SERVICE AUTHORIZATION FORM IN HAND!

If a New Choices Waiver client contacts you to begin services, ALWAYS ask who their case management agency is and call them to find out if services have been approved and to request a Service Authorization Form.

Service Authorization Forms

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ALWAYS refer to the approved NCW Service Authorization form to determine the date you can begin billing for services you provide.

- Claims paid for waiver services outside of the date span listed on the Service Authorization will be recovered.
- Claims paid for waiver services with a higher number of units or frequency than was authorized on the service authorization form will be recovered.

Service Authorization Forms

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Do not assume a service has been authorized or will be authorized.

Service Authorization Forms are only valid for a maximum of 1 year even if the "end date" is left blank.

Once the service authorization has been signed, make sure the services on the adult residential service plan match those on the service authorization form.

Communication with the case management agency is critical!

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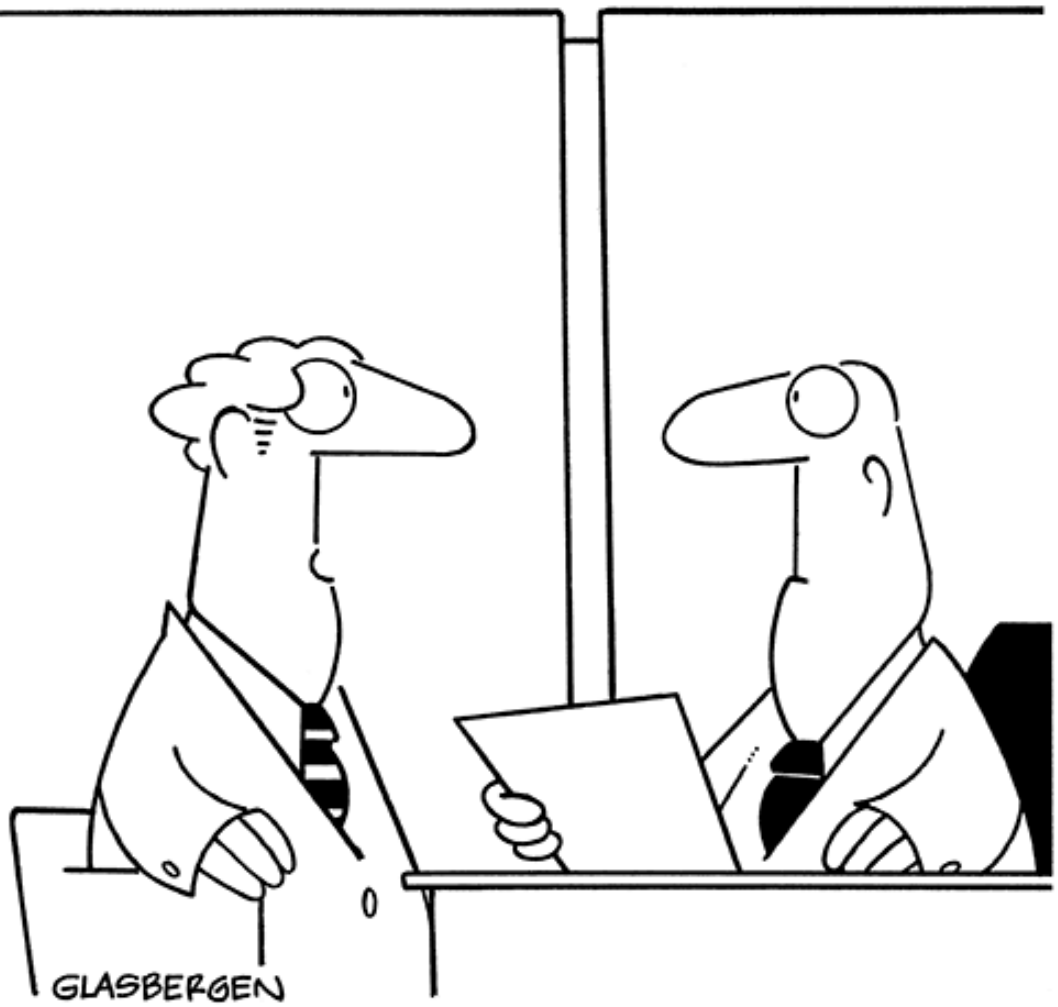

"When you say I have trouble communicating with my associates, what exactly do you mean?"

NEW CHOICES WAIVER

Service Authorization Form

Participant Name: _____ **DOB:** _____ **Medicaid ID:** _____

Participant Phone Number: _____ **Residential Facility/Apartment Complex:** _____

Address: _____ **City:** _____ **Zip:** _____ **Room/Apt:** _____

Case Management Agency: _____ **Case Management Fax Number:** _____

Case Manager: _____ **Case Manager Phone Number:** _____

R.N. Case Manager: _____ **R.N. Case Manager Phone Number:** _____

Authorized Provider: _____ **Provider Phone Number:** _____

HCPCS	Authorized Service	Unit of Service	Frequency	Rural Enhancement	Start Date	End Date
				Yes No		
				Yes No		
				Yes No		
				Yes No		
				Yes No		

Service Tasks

Bathing	Hair Care, Shampoo	Nail Care	Skin Care	Shave/Electric Razor
Toilet Assistance	Ambulation Assistance	Meal Preparation	Assist w/ dressing	Day Care
Transportation	Observe Meds/Remind	Garbage Removed	Change/Make Bed	Clean Bathroom
Kitchen/Stove/Fridge	Shopping/Errands	Oral Hygiene	Dust/Sweep/Vacuum	Respite
Mop Floors	Laundry			

Case Manager: _____ **Date:** _____

Provider Representative: _____ **Date:** _____

NEW CHOICES WAIVER
Adult Residential Services Provider Authorization Form

Participant Name: _____ **DOB:** _____ **Medicaid ID:** _____

Participant Phone Number: _____ **Residential Facility:** _____

Case Management Agency: _____ **Case Management Fax Number:** _____

Case Manager: _____ **Case Manager Phone Number:** _____

R.N. Case Manager: _____ **R.N. Case Manager Phone Number:** _____

Adult Residential Service Authorized: Level I____ Level II____ Independent Living____ HCPC :_____

Elements of Adult Residential Service	Frequency Required to Meet Participant's Needs	Start Date	End Date
Dressing Assistance			
Housekeeping Assistance			
Incontinence Care			
Laundry Assistance			
Meal Preparation (Three Meals Per Day, Minimum)			
Medication Monitoring and Assistance			
Non Medical Transportation			
On Site Response System / Supervision	Twenty Four Hour Monitoring		
Personal Care			
Showering / Bathing Assistance			
Social and Recreational Programming			
Other:			

The above activities are integral elements of providing Adult Residential Services. It is agreed that these services will be included in the Facility's Service Plan and provided in accordance with the participant's identified need. It is understood that this is a communication form and does not take the place of the Facility Service Plan.

Participant/Representative _____ **Date**_____

Case Manager _____ **Date**_____

Residential Facility Representative: _____ **Date**_____

Service Authorization Forms

Approved Service Authorization Forms are not a guarantee of payment. Providers must verify their client's Medicaid eligibility every month.

There are two ways to verify client eligibility each month:

1. Call Access Now: 800-662-9651, option 1, option 1

2. Use the eligibility look-up tool on the Medicaid website:

   https://medicaid.utah.gov/eligibility

Quiz

1. What is the name of the form that authorizes you to provide services to a New Choices Waiver client?

2. Is every New Choices Waiver client required to have case management services?

3. True/False: If you have a signed Service Authorization Form in hand, you are guaranteed payment for services rendered to that client.

4. Which entity is responsible to operate the application and intake process for New Choices Waiver?

Service Documentation

Providers must keep records of each service encounter. At a minimum each log note should include:

- The client's first and last name
- The date of service for each service encounter
- The start and end times for each service encounter
- The service(s) provided (by service title)
- Notes describing the service encounter in detail
- The name(s) of the individual(s) who performed the service
- Signature(s) of the individual(s) who performed the service
- Signature of the client who received the service (Non-Medical Transportation only)

Service Documentation

If a provider renders more than one service for a client, all of the services provided must be documented separately and must be in line with the service description for each of the services.

Example:

- A provider offers Non-medical Transportation (NMT) and Attendant Care services to a client on a random Wednesday afternoon.
  - The service details for the NMT must be documented in detail and must be in line with the service description for NMT
  - The service details for Attendant Care must also be documented separately from NMT and the services provided must be in line with the Attendant Care service description

Documentation Example: Attendant Care Services

UTAH DEPARTMENT OF HEALTH

Client: *Bart Simpson*
Date of Service: *December 1, 2016*
Service Provided: *Attendant Care*
Start Time: *12:30 pm*
End Time: *1:15 pm*
Number of Units: *3*
Worker's Name: *Clark Kent*
Notes of Service Detail: *Physical assistance getting into and out of the vehicle, hands on assistance with ambulation during shopping at Smith's grocery store. Physical assistance putting items into shopping cart and assistance with payment at check out counter.*
Worker's Signature:_____

Documentation Example: Non-Medical Transportation

UTAH DEPARTMENT OF HEALTH

Client: *Bart Simpson*
Date of Service: *December 1, 2016*
Service Provided: *Non-Medical Transportation*
Start Time: *12:20 pm*
End Time: *1:30 pm*
Number of Units: *2 one-way trips*
Worker's Name: *Clark Kent*
Client's Signature: Bart Simpson
Notes of Service Detail: *Drove client from home to Smith grocery store. Returned client from Smith's to home.*
Worker's Signature:_____

Service Documentation

Adult Residential Services providers must keep daily records of the specific services they provide to each client. This should include:

- The client's first and last name
- The date
- The activity or type of assistance that was provided, e.g. assisted client with shower or dressing
- The number of times assistance was provided for each activity during the day
- Assistance provided should match the approved service authorization form
- Documentation can be kept in a chart form or another method

Adult Residential Services Provider Documentation Suggestion

UTAH DEPARTMENT OF HEALTH

Bart Simpson, DOB 4/27/1950														
Date	Dressing	Grooming	Bathing	Toileting or Incontinence Care	Transferring	Ambulation	Recreation	Feeding	House-Keeping	Medication - Administration	Medication - Reminder	Meal Preparation	Emergency Response	Notes
12/1/2016	XX	X	X	XX			X	N/A	X	XX	N\A	XXX		
12/2/2016	XX	X		XX				N/A		XX	N\A	XXX		
12/3/2016	XX	X	X	XX			X	N/A		XX	N\A	XXX		
12/4/2016	XX	X		XX				N/A	X	XX	N\A	XXX		
12/5/2016	XX	X	X	X			X	N/A		XX	N\A	XXX		
12/6/2016	XX	X		X	X	XX		N/A		XX	N\A	XXX	X	Bart fell today. See incident report
12/7/2016	XX	X	X	XX	XX	XX	X	N/A	X	XX	N\A	XXX		
12/8/2016	XX	X		X		X	X	N/A		XX	N\A	XXX		
12/9/2016	XX	X	X	XX			X	N/A		XX	N\A	XXX		
12/10/2016	XX	X		XX	X			N/A	X	XX	N\A	XXX		
12/11/2016	XX	X	X	XX			X	N/A		XX	N\A	XXX		
12/12/2016	XX	X		X				N/A		XX	N\A	XXX		
12/13/2016	XX	X	X	X			X	N/A	X	XX	N\A	XXX		
12/14/2016	XX	X		XX			X	N/A		XX	N\A	XXX		
12/15/2016	XX	X	X	XX			X	N/A		XX	N\A	XXX		

Assisted Living Facility Documentation

UTAH DEPARTMENT OF HEALTH

- New Choices Waiver documentation requirements are separate and distinct from Licensing's documentation requirements.
- Assisted living facility providers must meet the requirements for both New Choices Waiver AND Licensing.

Non-reimbursable Circumstances

Examples of circumstances that are not reimbursable by Medicaid:

- Billing Medicaid for a missed appointment, when the client misses or cancels a scheduled appointment
- Services provided to a NCW client who was not authorized to receive the service
- Unused units that have been authorized for one client cannot be transferred to another client

Non-reimbursable Circumstances

Examples of circumstances that are not reimbursable by Medicaid continued:

- Claims for services that were not rendered to the client are not reimbursable, even if there are unused units remaining on the service authorization form
- With the exception of case management services, providers may not provide waiver services to or submit claims for services provided to clients who are admitted to an inpatient setting

Notification and Reporting Requirements

UTAH DEPARTMENT OF HEALTH

For adult residential services providers:

Always notify the participant's case manager if:

- The participant has left your facility, e.g. hospitalization or nursing home admission, overnight family visits or vacations
- You have concerns regarding client safety and/or believe that their needs can no longer be met at the facility
- The participant has been involved in a negative incident

Notification and Reporting Requirements

UTAH DEPARTMENT OF HEALTH

For other service providers:

Maintain open communication with ARS and CMA providers. Notify them of any concerns or issues you have with regard to the client or providing services to the client.

Always notify the participant's case manager if:

- You have concerns regarding client safety
- The participant has been involved in a negative incident.

NCW Incident Reporting Protocol

UTAH DEPARTMENT OF HEALTH

Why Reporting is Necessary

State Law

In accordance with Utah State law, professionals and the public are required to report instances of abuse, neglect and exploitation. All incidents of suspected abuse, neglect and exploitation shall be reported by the waiver coordinators and waiver providers to Adult Protective Services (APS) for investigation.

Adult Protective Services Intake Office
1-800-371-7897

Submit an APS referral online at https://daas.utah.gov/adult-protective-services/

Required for Medicaid Funding

New Choices Waiver requires the service provider to notify the client's case manager within 24 hours of discovery of the negative event.

Reportable Negative Events

All negative events experienced by NCW clients must be reported by NCW service providers to the case management agency within 24 hours of discovery. Incident reports should be sent using the fax or email specified by each agency, as listed on the other side of this brochure. Negative events include, but are not limited to:

- Death, regardless of the circumstances
- Changes in medical or functional status
- Falls with or without injury
- ER treatment for any reason
- Hospital admission for any reason
- Mental health decline
- Start of hospice or home health services
- A move to a skilled nursing facility
- Any negative event that occurs at the client's place of residence or that occurs while the client is in the community
- Events described further in this brochure as possible Critical Incidents

Case management agencies must review all negative events experienced by NCW clients and report any possible Critical Incidents to the NCW Program Office within 24 hours of receiving notification.

Possible Critical Incidents

1. **Death**, unexpected or accidental
2. **Suicide attempt** (does not include threats only)
3. **Incidents expected to receive media, legislative or public scrutiny**
4. **Compromised living environment** requiring evacuation
5. **Person missing** at least 24 hours or, regardless of the amount of time, under suspicious or unexplained circumstances
6. **Injury** (includes burns, choking, brain trauma, fractures etc.)
7. **Abuse** (physical or sexual)
8. **Neglect** (caregiver neglect or self-neglect)
9. **Exploitation** (by someone in a relationship of trust)
10. **Waste, fraud or abuse of Medicaid funds**
11. **Human rights violation** such as unauthorized use of restraints, seclusion, or infringement of personal privacy rights
11. **Medication/treatment error** resulting in marked adverse side effects (includes inappropriate medication use while the medication is control of the provider, participant, or other individual)
12. **Law enforcement involvement** resulting in charges being filed
13. **Other type of incident** causing concern for health and safety

Incident Reporting Protocol

UTAH DEPARTMENT OF HEALTH

NCW Case Management Agency Incident Report Submission Method

Advocates for Independence
Phone (801) 679-6461
Incident Report Fax (801) 948-8001

Bear River Area Agency on Aging
Phone (435) 752-7242
Incident Report Email
shannaa@brag.utah.gov

Care Advocates
Phone (801) 722-4229
Incident Report Fax (801) 702-8002

Davis County Health Department - Senior Services
Phone (801) 525-5050
Incident Report Fax (801) 525-5071

Disabled Rights Action Committee (DRAC)
Phone (801) 347-0370
Incident Report Email dracslc@earthlink.net

Dynamic Grace
Phone (801) 703-0658
Incident Report Fax (801) 384-7110

EnVision Quality Supports
Phone (801) 209-1357
Incident Report Fax (866) 941-4708
Incident Report Email
info@envisionquality.com

Five County Association of Governments
Phone (435) 673-3548
Incident Report Fax (435) 688-9088

FlexCare (North)
Phone (801) 294-6747
Incident Report Fax (801) 424-6250

NCW Case Management Agency Incident Report Submission Method

FlexCare (South)
Phone (801) 273-6366
Incident Report Fax (801) 424-6250

Golden Age Center—Uintah County Area Agency on Aging
Phone (435) 789-2169
Incident Report Fax (435) 789-2171

MACS Plan
Phone (801) 625-3786
IR Fax (801) 778-6818
Incident Report Email lauraw@weberhs.org

Mountainland Association of Governments
Phone (801) 229-3804
Incident Report Fax (801) 229-3671

Roads to Independence
Phone (866) 734-5678
Incident Report Fax (801) 612-3732
Incident Report Email andy@roadstoind.org

Salt Lake County Aging and Adult Services
Phone (385) 468-3270
Incident Report Fax (385) 468-3264
Incident Report Email tnagahiro@slco.org

Southeastern Utah Association of Local Governments
Phone (435) 613-0036
Incident Report Fax (435) 637-5448

Utah Case Management
Phone (888) 786-4445
Incident Report Fax (888) 400-9232

New Choices Waiver

Incident Reporting Protocol

NCW Program Office
Cannon Health Building
288 North 1460 West
Salt Lake City, UT 84116
Phone: 801-538-6155
Fax: 801-323-1586
E-mail: newchoiceswaiver@utah.gov

UTAH DEPARTMENT OF HEALTH

Incident Reporting Requirements

UTAH DEPARTMENT OF HEALTH

- Waiver programs are required to meet the health and safety needs of participants on a continuous and ongoing basis.

- Even with excellent service coordination and monitoring, NCW clients will sometimes experience injuries, neglect, medication errors and other negative events or incidents, including death.

- When any negative incident occurs, NCW providers are required to act quickly and report the incident to the client's case management agency within 24 hours.

Incident Reporting Requirements

When any negative event or a critical incident occurs, report as much information as possible within 24 hours.

The New Choices Waiver Brochure outlines each case management agency's contact information for ease of reporting for the NCW Service Providers.

This contact information can be found on the NCW Incident Reporting Protocol brochure and at http://health.utah.gov/ltc/NC/NCCMAContacts.htm

Incident Reporting Requirements

UTAH DEPARTMENT OF HEALTH

- ARS providers may fax or email their facility's incident report form to the case management agencies. If a negative event does not meet the facility's criteria for creating an incident report, it is permissible to email or fax a written statement of the events or the NCW Incident Report Form.

- Please be responsive when the case manager contacts you for additional information as the NCW Program Office often requires clarifying information to determine the next steps.

Incident Reporting Requirements

In addition to reporting incidents defined in NCW policy as a Critical Incident any other negative incident or event should be reported by the Adult Residential Services Provider to the client's case manger within 24 hours including, but not limited to:

- All participant deaths, regardless of the cause
- Changes in medical or functional status
- Any type of injury
- Falls with or without injury
- Emergency Room treatment for any reason
- Hospital admission for any reason
- Mental health decline
- Start of hospice or home health services
- A move to a skilled nursing facility
- Any negative event that occurs at the client's place of residence or that occurs while the client is in the community
- Events described further, as possible Critical Incidents

Possible Critical Incidents

- Unexpected or accidental death
- Suicide attempt (does not include threats)
- Incident expected to receive media, legislative or public scrutiny
- Compromised work or living environment requiring evacuation
- Person missing for at least 24 hours or, regardless of the amount of time missing, under suspicious or unexplained circumstances
- Injury (includes burns, choking, brain trauma, fractures, etc.)
- Abuse (physical or sexual)
- Neglect (caregiver neglect or self-neglect)
- Exploitation (by someone in a relationship of trust)

Possible Critical Incidents

- Waste, fraud, or abuse of Medicaid funds
- Human rights violation
- Medicaid/treatment errors resulting in marked adverse side effects (includes inappropriate medication use while the medication is in control of the provider, participant, or other individual)
- Law enforcement involvement resulting in charges being filed
- Other type of incident causing concern for health and welfare

Critical Incident Investigation

The NCW program office reviews submitted incident reports to determine whether they rise to the level of a Critical Incident that requires investigation.

<u>What should you expect if/when an incident is accepted for investigation?</u>

- Ensure the investigation document is filled out in its entirety.
- NCW requests information pertaining to implemented safeguards, changes to the care plan, the client's current medication list (which may include, copies of the Medication Administration Record)
- Requests for documentation of staff training, employee coaching, facility process improvements, if applicable
- Requests for written policies outlining provider procedures, if applicable

Incident Investigation

Investigating a critical incident includes implementing new safeguards to ensure similar incidents to not recur in the future.

Documentation must show that the NCW providers did two specific activities in response to incidents:

- [x] 1.Safeguards were put in place when needed
- [x] 2.The case manager log notes reflect follow up to verify and assess the effectiveness of new safeguards

Incident Reporting

UTAH DEPARTMENT OF HEALTH

Case management agency responsibilities include:

- Receiving incident reports and forwarding them to the NCW Program Office.
- Verifying that reports of abuse, neglect or exploitation have been reported to Adult Protective Services and/or local law enforcement.
- Maintaining a record of **all** incident reports in the participant's case file.
- Investigating Critical Incidents and submitting the investigation documentation to the NCW Program Office.
- Responding when indicated.

Incident Investigation

UTAH DEPARTMENT OF HEALTH

Make sure the following 5 questions are addressed when submitting incident reports:

1) Did the person sustain a physical injury as a result of the incident?
2) Was the person treated in the ER and released the same day?
3) Was the person admitted to the hospital?
4) If “yes” to #3, was the hospital admission directly related to the injury or was it for another medical reason or both?
5) Is/was the person receiving hospice care?

New Choices Waiver
Incident Report Form

CLIENT'S NAME :	DOB: _____/_____/_____
FACILITY OF RESIDENCE NAME: (☐ N/A – not living in a facility)	DATE OF NCIDENT: TIME OF INCIDENT:
CLIENT'S MAILING ADDRESS:	
WAS THE FAMILY/RESPONSIBLE PERSON NOTIFIED? ☐ Yes ☐ No ☐ N/A	Does this client have a legal guardian? ☐ Yes ☐ No Guardian's name:_____
LAW ENFORCEMENT NOTIFIED? ☐ Yes ☐ No ☐ N/A Date: _____ Case Number_____	APS NOTIFIED? ☐ Yes ☐ No ☐ N/A Date: _____

NARRATIVE DESCRIPTION OF INCIDENT

1. Location of incident:
2. What happened? (If reporting death, describe the cause and circumstances)
3. How was it discovered?
4. Immediate actions taken:
5. Any precipitating events? (illnesses, med changes, etc)
6. Will there be any new safeguards as a result of this incident?

Please check the incident type below.

Any negative event must be reported to the case management agency (CMA) within 24 hours of discovery. The CMA must report any of the following types of incidents to the NCW Program Office within 24 hours of receiving notification:

In cases where the incident and/or the timing of reporting falls on a weekend or holiday, reporting the incident by the next business day is permissible.

- ☐ **Death**
- ☐ **Suicide attempt** (does not include threats only)
- ☐ **Incident expected to receive media, legislative or public scrutiny**
- ☐ **Compromised work or living environment requiring evacuation**
- ☐ **Person missing at least 24 hours or, regardless of the amount of time missing, under suspicious or unexplained circumstances** (Time of last known whereabouts: _____)
- ☐ **Injury** (includes burns, choking, brain trauma, fractures, etc.)
- ☐ **Abuse** (physical or sexual)
- ☐ **Neglect** (caregiver neglect or self-neglect)
- ☐ **Exploitation** (by somebody in a relationship of trust)
- ☐ **Waste, fraud, or abuse of Medicaid funds**
- ☐ **Human rights violation**
- ☐ **Medication/treatment errors resulting in marked adverse side effects** (includes inappropriate medication use while the medication is control of the provider, participant, or other individual)
- ☐ **Law enforcement involvement resulting in charges being filed**
- ☐ **Other type of incident causing concern for health and welfare**

Please answer the following 5 questions:

1. Did the person sustain an injury as a result of the incident? ☐Yes ☐No
2. Was the person treated in the ER and released the same day? ☐Yes ☐No
3. Was the person admitted to the hospital? ☐Yes ☐No
4. If 'yes' to #3, was the hospital admission directly related to the injury or was it for another medical reason or both? ☐Injury ☐Another medical reason ☐Both
5. Is/was the person receiving hospice care? ☐Yes ☐No

Provider Representative's Signature:	**Phone & Email:**	**Title:**	**Date forwarded to case manager:**
Case Manager's Signature:	**Phone & Email:**	**Date Notified:**	**Date forwarded to BACBS:**
BACBS Representative's Signature:	**Phone & Email:**	**Date notified:**	**Date forwarded to SMA QA Unit:** ☐N/A

UTAH DEPARTMENT OF HEALTH

NCW Incident Report Form

The NCW Unit will accept any incident report form but providers can choose to use this one.

"Other type of incident causing concern for safety."

No matter the method of reporting, make sure these five questions are addressed.

Incident Reporting

Utah law (62A-3-305) mandates any person who has reason to believe that a vulnerable adult is being abused, neglected, or exploited must immediately notify Adult Protective Services or the nearest law enforcement office. This includes all providers, case managers, residential, non residential, and self administered service employees.

- Adult Protective Services: 1-800-371-7897 or 24/7 on their website: https://daas.utah.gov/adult-protective-services/
- Local law enforcement. (UCA 62-A-3-301)

Health and Safety Agreements

UTAH DEPARTMENT OF HEALTH

What is a Health and Safety Agreement?

A health and safety agreement is a written document outlining an agreement between a case management agency and a client that is intended to safeguard the client's health and safety by encouraging positive behaviors.

Health and Safety Agreements

UTAH DEPARTMENT OF HEALTH

Who could benefit from a health and safety agreement?

- Any client who displays poor safety awareness, makes unsafe decisions, and/or displays behaviors that endanger the client's health, safety, or wellbeing.
- Clients who have expressed suicidal ideations or have attempted self harm.
- Clients who have acted aggressively toward staff members/caregivers or other residents.
- Clients who are not compliant with facility policies.
- Clients who demonstrate non-compliance with their medical treatment plan or medication regimen.
- Clients who misuse medications, alcohol, or illegal drugs.
- Clients who are neglecting their own cares.

Required Components

Required components in a health and safety agreement:

- Identify the issues affecting health and safety.
- Identify health and safety expectations.
- Identify interventions to help client meet expectations.
- Identify consequences of meeting or failing to meet expectations.
- Obtain written acknowledgement of health and safety expectations and potential consequences.

Prohibited Components

Health and safety agreements cannot include anything that conflicts with the CMS Settings Final Rule, unless an approved human rights restriction is in place based on an individual's assessed need. A few examples include:

- Preventing a client from having visitors.
- Preventing a client from entering or leaving the facility as they wish.
- Restricting a client's access to food.
- Not allowing a client to decorate their room as they wish.

Any approval of a human rights restriction would be coordinated through the NCW and the CMA before it could be included in a health and safety agreement.

Written Acknowledgement

A health and safety agreement is not valid unless the client understands the expectations they must meet and the consequences of not meeting the expectations.

- Does the client understand that their health and safety are at risk?
- Does the client understand why they are at risk?
- Does the client understand what expectations they must meet in order to remain safe and healthy?
- Does the client understand the consequence of not meeting these expectations?

Written Acknowledgement

A health and safety agreement is not valid unless the client agrees to the terms in writing

- The client must sign the agreement to indicate understanding of expectations and consequences.
- The client must sign the agreement to indicate their acceptance of the terms in the agreement.

Quiz

1. List three of the items that must be present in log notes for each service encounter.

2. What should you do if you suspect an incident of abuse, neglect or exploitation?

3. True/False: If a New Choices Waiver client cancels an appointment at the last minute, it is permissible to bill Medicaid for the canceled appointment.

4. True/False: Providers do not need to notify anybody when a negative incident occurs involving a New Choices Waiver client.

Personal Budget Assistance

NCW has historically allowed case management agencies to enroll to provide Personal Budget Assistance (PBA) due to having only a small number of other providers enrolled to provide this service.

The federal government has recently told states that case management agencies cannot be providers of any other service on a client's waiver care plan.

Utah Medicaid is working on a transition plan toward full compliance with this new requirement.

We are encouraging any willing, qualified provider who wishes to enroll to be a PBA provider to do so. Including adult residential services providers.

Personal Budget Assistance

UTAH DEPARTMENT OF HEALTH MEDICAID

ALF providers will be held to Administrative Rule 432-270-20, “Management of Resident Funds.”

All Personal Budget Assistance providers (including ALFs) will be held to waiver requirements listed in the waiver state implementation plan for Personal Budget Assistance:

1. Review finances/budget at least monthly with the resident or representative.
2. Maintain documentation of monthly reviews.
3. Submit budget review documentation to the case management agency monthly.

UTAH DEPARTMENT OF HEALTH MEDICAID

Personal Budget Assistance

HCPCS Code = H0038

Unit of Service: 15 minutes

Maximum Allowable Rate: $4.72

Personal Budget Assistance

UTAH DEPARTMENT OF HEALTH MEDICAID

To enroll as a Personal Budget Assistance provider:

Visit: http://health.utah.gov/ltc/NC/NCProviders.htm

Call: Blake Minardi
NCW Provider Specialist
801-538-6497

Billing Methods

- Paper Claim
  - CMS 1500
  - Preprinted form
  - There are different vendors that have software to complete these forms
  - NOTE: All Medicaid paper claims must be sent via the U.S. Postal Service.

- Electronic Claim
  - Electronic format of the CMS 1500
  - All claims pass through UHIN

Utah Health Information Network

UTAH DEPARTMENT OF HEALTH

- Contact **UHIN** to set up account and get your trading number.
  - http://www.uhin.com/
  - **Phone:** (801) 466-7705
  - **Fax:** (801) 466-7169

Billing and Payment Information

UTAH DEPARTMENT OF HEALTH

- Providers can only bill for services they have already provided.
- Providers can only bill for services that they have been authorized to provide on a current, signed Service Authorization form for the particular client for whom they are billing.
- Providers must use the correct HCPCS Code.
- Providers must enter the correct waiver code into the procedure code modifier box – U8.
- If enrolled to provide services for another waiver program, make sure to use the designated provider number and modifier associated with each waiver program

NCW Rate Sheet

UTAH DEPARTMENT OF HEALTH MEDICAID

HCPCS CODE	SERVICE/PROCEDURE	UNIT OF SERVICE	PROGRAM IDENTIFIER (REQUIRED)	UTILIZATION MODIFIERS	FY 2013 MAXIMUM ALLOWABLE RATE
S5102	Adult Day Care	Day	U8	None	$37.66
T2031	Adult Residential Services (Licensed Assisted Living Facilities Level I, Level II & Type N Facilities)	Day	U8	None	$69.75
T2016	Adult Residential Services - (Licensed Assisted Living Facilities, Memory Care Unit)	Day	U8	None	$82.60
T2033	Adult Residential Services - (Licensed Community Residential Care)	Day	U8	None	$103.25
H0043	Adult Residential Services - (Certified Independent Living Facilities)	Day	U8	None	$40.00
T2028	Assistive Technology Devices	Per Item	U8	None	$2,000.00
S5125	Attendant Care Services	15 Min	U8	TN (optional)	$4.77
S5115	Caregiver Training	15 Min	U8	TN (optional)	$4.88
T1016	Case Management	15 Min	U8	TN (optional)	$20.00
T2024	Pre-enrollment and Inpatient Case Management	15 Min	U8	TN (optional)	$20.00
S5120	Chore Services	15 Min	U8	TN (optional)	$4.77
T2038	Community Transition Services	Per Service	U8	None	$1,000.00
S5108	Consumer Preparation Services	Hourly	U8	TN (optional)	$13.88
S5165	Environmental Accessibility Adaptations - Home Modification	Per Service	U8	None	$2,000.00
T2039	Environmental Accessibility Adaptations - Vehicle Modification	Per Service	U8	None	$2,000.00
T2040	Financial Management Services	Monthly	U8	None	$48.00
T2017	Habilitation	Hourly	U8	None	$22.65
S5170	Home Delivered Meals	Per Meal	U8	TN (optional)	$7.05
S5130	Homemaker	Hourly	U8	TN (optional)	$19.85
S5185	Medication Administration Assistance - Medication Reminder System (Not face to face)	Monthly	U8	None	$49.00
H0034	Medication Administration Assistance - Medication Set-up	15 Min	U8	None	$19.76
H0038	Personal Budget Assistance	15 Min	U8	None	$4.72
S5162	Personal Emergency Response System - Purchase, Rental, Repair	Per Item	U8	None	$223.78
S5161	Personal Emergency Response System - Response Center Service	Monthly	U8	None	$40.17
S5160	Personal Emergency Response System - Installation, Testing & Removal	Per Service	U8	None	$50.00
S5150	Respite - Routine - Hourly (5 or less hours)	Hourly	U8	TN (optional)	$20.79
S5161	Respite Client's Home (6 or more hours)	Day	U8	TN (optional)	$56.72
H0045	Respite Care - Out of Home - Room and Board Included	Day	U8	None	$138.50
T2029	Specialized Medical Equipment, Supplies and Supplements	Per Item	U8	None	$500.00
T1021	Supportive Maintenance Services	Hourly	U8	None	$24.68
S0215	Transportation - Non-Medical - Per Mile	Per mile	U8	TN (optional)	$0.38
T2003	Transportation - Non-Medical - Per One Way Trip	Per Trip	U8	TN (optional)	$14.94
T2004	Transportation - Non-Medical - Public Transit Pass	Monthly	U8	None	$84.00

This sheet includes:

- HCPCS Code
- Service/Procedure (Service name)
- Unit of Service (This is how a unit of service is measured. It varies by type of service)
- Program Identifier (modifier)

Adult Residential Services Billing

UTAH DEPARTMENT OF HEALTH

- Adult Residential Services (ARS) providers may only bill for dates of service when a client was actively receiving services in the facility on that day.
- ARS providers may not bill Medicaid for days when a client is out of the facility for the entire (24-hour) day.
- Examples of non-billable days: Hospital or nursing home stays, overnight visits or vacations during which the client is not in the facility for 24 hours or more.
- If a client moves from one facility to another the facility the client is moving FROM bills for moving day.

Billing Timelines

UTAH DEPARTMENT OF HEALTH

- Providers determine how often they bill.
- All claims and adjustments for services must be received by Medicaid within twelve months from the date of service.
- Claims are processed weekly.
- Paper claims must be received by Tuesday to be processed that week.
- Electronic claims must be received by Thursday at 5:00 PM to be processed that week.

Payments

- Providers will receive payment directly from Medicaid
- Weekly EFT
- Occurs on the second business day of the week
- Normally Tuesday except for weeks with Monday holidays

Timely Filing of Medicaid Claims

UTAH DEPARTMENT OF HEALTH

- All claims and adjustments for services must be received by Medicaid within 12 months from the date of service. New claims received past the one year filing deadline will be denied.

- Any corrections to a claim must also be received and/or adjusted within the same 12-month timeframe. If a correction is received after the deadline, no additional funds will be reimbursed.

- The one year timely filing period is determined from the date of service or “from” date on the claim.

Medicaid Contact Information

Medicaid Customer Service staff are available to take your calls:

- **In the Salt Lake City area, call 801-538-6155.**
- **In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona, and Nevada, call toll-free 1-800-662-9651.**
- **From other states, call 1-801-538-6155.**
- **FAX Line: (1-801) 538-6805**
- **Or write to:** **Department of Health**
  Division of Medicaid and Health Financing
  P.O. Box 143106
  Salt Lake City UT 84114-3106

NOTE: All Medicaid paper claims must be sent via the U.S. Postal Service.

NCW Provider Manual

The New Choices Waiver Provider Manual is posted on our website.

http://health.utah.gov/ltc/NC/NCHome.htm

Each NCW provider is responsible for reading this manual and understanding the policies and procedures it contains.

Medicaid Information Bulletin (MIB)

The Medicaid Information Bulletin (MIB) is published quarterly or more frequently as needed. It includes important policy and procedural updates and information regarding all Medicaid programs, including:

- Updates to the NCW Provider manual
- Changes to Medicaid billing procedures
- Progress reports on Medicaid's new billing system, PRISM, and more

Each provider is responsible to check the MIB frequently for changes that will affect you, as a provider.

New Choices Waiver Contact Information

New Choices Waiver is available on the Medicaid Helpline:

Mon, Tues, Wed, and Fri: 8:00 a.m. - 5:00 p.m.
Thursdays: 11:00 a.m. – 5:00 p.m.

- **801-538-6155, option 6**
- **Or toll-free 1-800-662-9651, option 6**
- **FAX Line: (1-801) 323-1586**
- **Email: newchoiceswaiver@utah.gov**
- **Website: www.health.utah.gov/ltc**
- **Or write to:**

Department of Health
Division of Medicaid and Health Financing
New Choices Waiver Program
P.O. Box 143112
Salt Lake City UT 84114-3112

Quiz

1. How often is the Medicaid Information Bulletin published?

2. How many months from the date of service can a provider submit a claim to Medicaid before it will be denied for timely filing?

3. What is the name of the billing agent that Utah Medicaid uses for claims processing and reimbursement?

4. True/False: This training has been highly beneficial in orienting me to the New Choices Waiver program.

QUESTIONS

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